

Sample Health Care Consultant Acknowledgement of On-Site Medications

I, _____, acknowledge that I serve as the Health Care Consultant for _____ (camp) _____. As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel administering medications to campers and not that I have reviewed or determined the appropriateness of the medications for the camper. My signature further acknowledges that all personnel listed below, who administer medications at the camp, are either licensed health care providers authorized to administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.¹

Names of individual authorized to administer medications at camp:

Health Care Consultant signature: _____ Date: _____

Updated January 2000 to reflect the amendments to "Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV" 105 CMR 430.000.

¹

¹See advisory document of the Massachusetts Department of Public Health – "Guidelines for the Storage and Administration of Medication in Camps"

